

**IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, OHIO  
JUVENILE DIVISION**

\_\_\_\_\_  
Applicant Name : Case No(s). \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_  
: Judge David A. Hejmanowski  
: \_\_\_\_\_  
: **Application to Seal or Expunge Record of**  
: **Conviction under R.C. 2953.32**

The Applicant moves the Court to order the (*please check one*)

sealing the record of conviction in this case and all related records under R.C. 2953.32. The Applicant hereby certifies all requirements for sealing the record of conviction are met.

or

expunging the record of conviction in this case and all related records under R.C. 2953.32. The record of conviction (*please check one*)  has previously been sealed  has not been previously sealed. The Applicant hereby certifies all requirements for expunging the record of conviction are met.

<p>_____ Name of Applicant</p>	<p>_____ Name of Attorney (if applicable)</p>
<p>_____ Signature of Applicant (if pro se)</p>	<p>_____ Signature of Attorney (if applicable)</p>
<p>_____ Street Address of Applicant</p>	<p>_____ Attorney Registration No. (if applicable)</p>
<p>_____ City, State, and Zip Code of Applicant</p>	<p>_____ Street Address of Attorney (if applicable)</p>
<p>_____ Telephone of Applicant (if pro se)</p>	<p>_____ City, State, and Zip Code of Attorney (if applicable)</p>
<p>_____ Date of Birth of Applicant</p>	<p>_____ Email Address of Attorney (if applicable)</p>
	<p>_____ Telephone of Attorney (if applicable)</p>

**\*The applicant must also complete the Confidential Disclosure of Personal Identifiers form.**

**SERVICE  
(TO BE COMPLETED BY THE CLERK OF COURT)**

A copy of this application was served by the Clerk of Court on the Office of the Prosecutor for Delaware County, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

